



Georgia Department of Public Health

Mass Casualty Triage



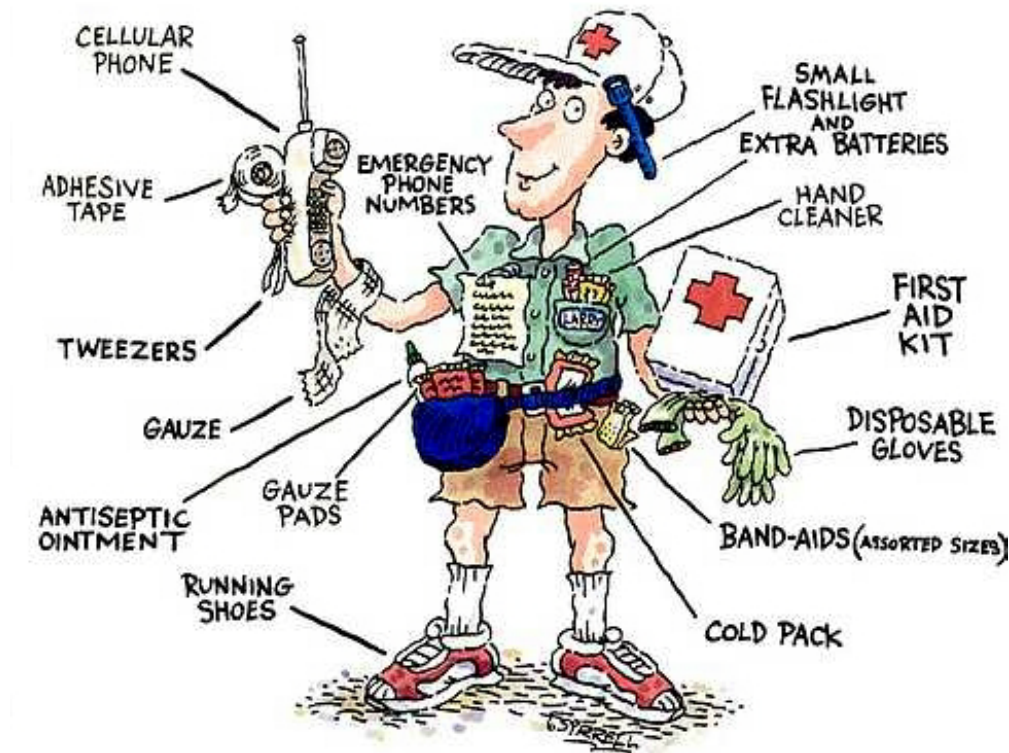
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EMS Emergency Preparedness Coordinator

We Protect Lives.



Emergency Preparedness Coordinator

What does it mean ?



The discipline of dealing with and avoiding both natural and manmade disasters
It involves preparedness, response and recovery in order to lessen the impact of disasters

We Protect Lives.

Triage

- Assign priorities when resources limited
- Do the greatest good for the greatest number



Triage – Key Points

- Triage is a dynamic process
- Patients must be re-evaluated during the event as time permits
- The ideal triage system should be:
 - Easy to teach
 - Easy to apply
 - Minimize both over-triage and under-triage

Triage Challenges

- Number of patients
- Infrastructure limitations
 - Limited providers
 - Limited equipment
 - Limited transport capabilities
 - Hospital resources overwhelmed
- Scene hazards
 - Threats to providers
 - Decontamination issues
- Multiple agencies responding

Georgia Triage Data: Public Safety

- Do you have a Triage System ?

	yes	%
Does your organization have a triage system?	212	84%
Do your ambulances or first response vehicles have triage tags onboard?	191	76%

- If so, which system do you use ?

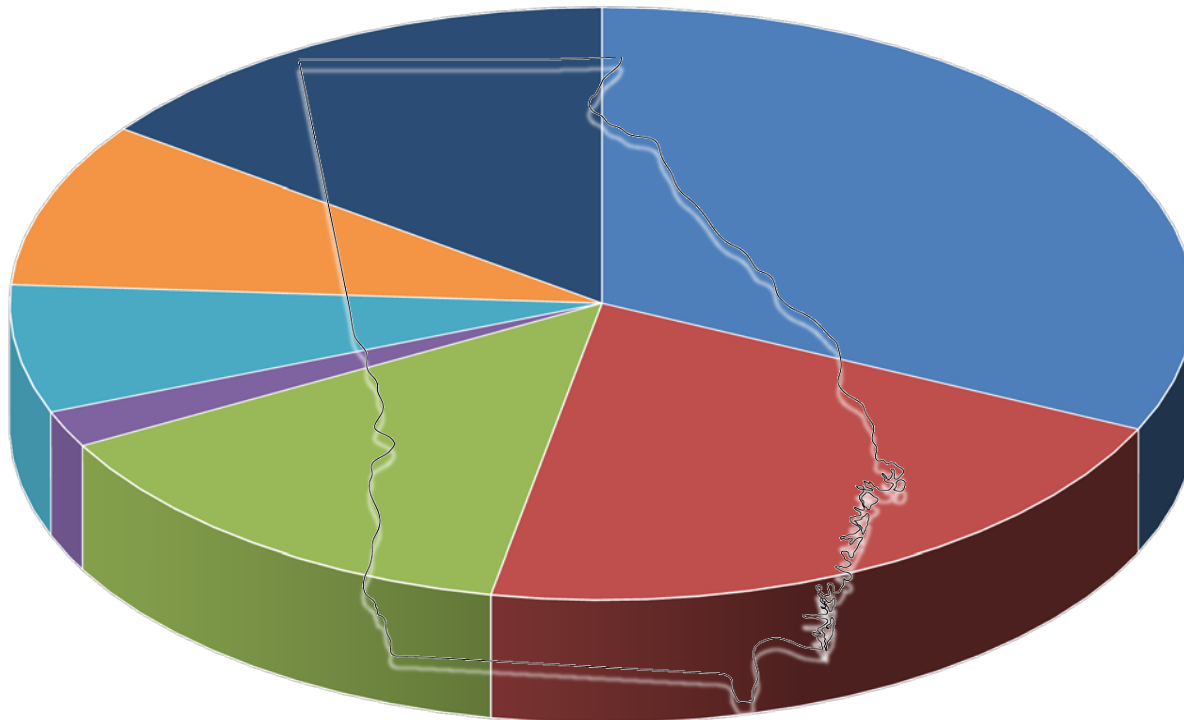
	N	%
START	81	32%
METTAG	52	21%
Disaster Management Systems	36	14%
SALT	5	2%
Other	18	7%
Do not know	22	9%
No answer	38	15%

GTRI and GAEMS Survey Results 2013

We Protect Lives.

Triage Systems Used Across Georgia

Triage Systems



■ START ■ METTAGS ■ Disaster Management Systems ■ SALT ■ Other ■ Do Not Know ■ No Answer

How Do We Get There?

- The Office of Emergency Preparedness brought together leaders in the Public Safety discipline:
 - State Office of EMS and Trauma
 - GEMA
 - Georgia Public Safety Training Center
 - Georgia Fire Academy
 - Georgia EMS Association
 - Georgia Fire Chiefs Association
 - Georgia Firefighters Association



MCI Committee

- One system for the State
 - Research
- Training
 - Publishers
 - Schools
 - Training Officers
- Equipment
 - Evaluate possible revenue streams
- Money
 - Help agencies train and equip their personnel



History

Model Uniform Core Criteria (MUCC)

- 2006 NAEMSP convened a workgroup as part of the terrorism injuries information, dissemination, and exchange project – Funded by CDC
 - The workgroup found that there was NO existing triage system that had enough scientific evidence to justify its universal adoption
 - Because of this, the workgroup developed the core criteria (MUCC) to serve as a bases for triage systems to be based upon

Model Uniform Core Criteria for Mass Casualty Triage

- Purpose of the Model Uniform Core Criteria:
 - Identify core criteria for triage systems to base their system
 - Standardize *triage methodologies* with available science in an effort to promote interoperability
 - Does ***not*** recommend or endorse any one triage system over another

Model Uniform Core Criteria: Recommendations

- The Model Uniform Core Criteria recommends that organizations, associations and or agencies:
 - Choose to modify current triage protocols to meet the developed criteria
 - START:
 - Aligns with the criteria with minor adjustments
 - or
 - Choose to adopt a system that already meets the core criteria
 - SALT:
 - Core Criteria serves as its baseline
 - Evidence Based

Model Uniform Core Criteria: Endorsing Associations



- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Surgeons – Committee on Trauma
- Emergency Medical Services for Children National Resource Center
- International Association of Emergency Medical Services Chiefs
- National Association of County and City Health Officials
- National Association of EMS Physicians
- National Association of State EMS Officials
- National Disaster Life Support Education Consortium
- National EMS Management Association
- Society for advancement of violence and Injury Research
- Concurrence – by Health Resources and Services Administration/Maternal and Child Health Bureau Emergency Medical Services for Children Program

START Changes To Be Compliant with the Model Uniform Core Criteria

- Criteria One: General Considerations
 - No changes needed
- Criteria Two: Global Sorting:
 - Change - 1st priority: life saving intervention
 - Change - 2nd priority: ambulate then purposeful movement
- Criteria Three: Life Saving Interventions
 - *If in the providers scope of practice, the equipment is available, and can be performed in < than 1 minute*
 - Add - Needle Chest Decompression
 - Add - Auto-injector
- Criteria Four: Individual Assessment
 - Add Expectant
 - Take out counting of respirations (vital signs)

Next Steps

- Endorsements from:

- ✓ – EMSDAC (March, 2013)
- ✓ – Georgia Fire Chiefs Association (September, 2013)
- ✓ – Georgia Firefighters Association (September, 2013)
- ✓ – GAEMS

- Education and Training
- Coalitions
- Georgia Hospital Associations
- Practice / Drill and Exercise





QUESTIONS

Supplemental Material

- [Lee, C.H., \(2012\), Disaster and Mass Casualty Triage, American Medical Association Journal of Ethics, Volume 12, Number 6: 466-470.](#)
 - Brief overview from Dr. Lee's perspective of triage and both the SALT and START methods. Calls for more research.
 - [NEMSAC Response to FICEMS \(June 2012\):](#)
 - A response letter to FICEMS in regard to FICEMS questions to NEMSAC as to FICEMS role in implementation of MUCC for MCI triage.
 - [NASEMSO Resolution \(September 2012\):](#)
 - Resolution to FICEMS that the MUCC implementation plan being developed by FICEMS includes provisions that federal agencies will provide sufficient grants, coordination, and other support to states and local jurisdictions so as to minimize the complexity of the transition and the fiscal impact on states and local jurisdictions; and that FICEMS and its member agencies support further scientific studies on various approaches to mass casualty triage and on the effectiveness of the MUCC.
 - [Wisconsin Trauma Commission October 2012 \(minutes\):](#)
 - Areas concerning MUCC are highlighted in yellow.
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- NASEMSO: National Association of State Emergency Medical Services Officials
 - NEMSAC: National Emergency Medical Services Advisory Council
 - FICEMS: Federal Interagency Committee on Emergency Medical Services

References

- Garner A, Lee A; et. al.. Comparative analysis of Multiple-casualty Incident Triage Algorithms. Annals of Emergency Medicine. 2001; 38(5): 541-548.
- Gonzalez P, Fernandez E ; et. al.. El Triage en Medicina de catastrofes: Analysis de un Ejercicio Practico. Revista de Sanidad e Higiene Publica. 1994; 68(2): 311-316.
- Holcomb J, Niles S; et. al.. Prehospital Physiologic Data and Lifesaving Interventions in Trauma Patients. Military Medicine. 2005; 170 (1): 7-13
- Lee, C.H., (2012), Disaster and Mass Casualty Triage, American Medical Association Journal of Ethics, Volume 12, Number 6: 466-470
- McManus J, Yershov A; et. al.. Radial Pulse Character Relationships to Systolic Blood Pressure and Trauma Outcomes. Prehospital Emergency Care. 2005; 9(4): 423-428.
- NASEMSO Resolution (September 2012)
- NEMSAC Response to FICEMS (June 2012)
- Wisconsin Trauma Commission 2012 (minutes)